

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  R 02/26/2013
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, JOHNSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3209 BRISTOL HWY JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 068} SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the basement gas-fire hot water heater room was located in a one (1) hour fire rated room and was ventilated with a minimum 100 square inches opening, taking combustion air and discharging air to the outside of the building. The findings include:</p> <p>Observation and interview during a follow-up survey, with the Maintenance Director, on February 26, 2013 at 9:15 a.m. confirmed the basement gas-fire hot water heater was not located in a 1-hour rated room and was ventilated with a 6-inch round opening and direct 6-inch vent. The exterior door failed to have louvered opening to the outside. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on February 26, 2013.</p>	{K 068}	<p>K068</p> <p>Corrective Action: A ventilated door to the outside has been added, the door to the boiler room has been removed, a pull station and exit sign have been added in the basement making it a one hour rated room. There are to be no other employee gatherings in the room and all other equipment will be removed from room.</p> <p>Identify other areas: There are no other boiler rooms in the building.</p> <p>Systematic Changes: No more employee gatherings in room</p> <p>Monitors: Sign will be posted that employees are not to use the basement.</p>	<p>2/23/13</p> <p>3/15/2013</p>	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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